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ABSTRACT

Individualism and social connectedness served as the general context of this study. The focus was on the interpersonal realm and the effects of individualism on process and outcome in counseling and therapy. Specifically, this research explored the relationship in counseling of individualism, which credible evidence suggests is the predominant therapeutic attitude, to social commitment, which includes the explicit exploration and consideration of the social responsibilities and relational obligations of the individual. Subjects (N=113) for this study were drawn from the faculty and staff of a large suburban high school in metropolitan Wahsington, D.C. The subject sample included 69 females and 44 males. Three different data-collecting instruments were used: a demographic data sheet, the Individualism-Collectivism Scale, and a counseling approach-preference measurement instrument developed by the researchers for the purposes of this study. Vignettes were presented of counseling problems, and two approaches were provided for solutions operationalizing the constructs of individualism and social commitment. Results indicated a preference for a socially committed approach to counseling. This result, in conjunction with Kelly and Shilo's (1991) previous finding that client-subjects did not differentially rate the effectiveness of counselors offering individualistically and socially committed approaches to counseling, reinforces the suggestion that a socially committed approach to counseling is as acceptable as an individualistic approach. Results of this study indicated no significant difference between men and women regarding personal orientation or preference. (LLL)

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INDIVIDUALISM, SOCIAL COMMITMENT, AND GENDER: INTERACTIONAL EFFECTS IN COUNSELING PRACTICE

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RUNNING HEAD: Individualism and Social Commitment

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INTRODUCTION

One hundred fifty years ago, Alexis de Tocqueville wrote, "in the long run... I am sure that democracy turns man's imagination away from externals to concentrate it on himself alone" (de Tocqueville, 1835/1986, p. 453). America has been categorized as an "individualistic" society throughout its history. "Americans see their own culture as very individualistic and this individualism is interpreted as a major contributor to the greatness of the United States" (Hofstede, 1980 p. 215). Sampson (1988) asserts that even though the roots of American or western individualism may be traced back to the early history of western civilization, individualism in its present form has a history of only a few hundred years.

The reasons for the United States developing into an individualistic society are varied. Cultural complexity, availability of land, a large number of immigrants and rapid social and geographical mobility are important antecedents to individualism (Triandis, Bontempo, Villareal, Asai, & Lucca, 1988).

Individualism and social connectedness serve as the general context of this study. The larger debate on the potential beneficial and detrimental effects that individualism may have on the social, political and economic character of the United States, lies outside the scope of this study. Rather, the issues addressed in this research focus on the interpersonal realm and the effects of individualism on process and outcome in counseling and therapy. Specifically, this research explores the relationship in counseling of individualism, which credible evidence suggests is the predominant therapeutic attitude (Bellah, Madsen, Sullivan, Swindler, and Tipton, 1985; Kelly, 1989), to social commitment, which includes the explicit exploration and consideration of the social responsibilities and relational obligations of the individual.

Individualism

Individualism can be defined in many ways. However, all definitions clearly suggest the same concept notwithstanding their emergence from different perspectives and from different disciplines. In Hofstede's (1980) massive study describing international differences in work-related values, four dimensions of natural culture are identified; power distance, uncertainty avoidance, individualism and masculinity. Hofstede defines individualism as "the emotional independence of groups, organizations, or other collectivities" (p. 221). Hofstede further describes individualism as "the relationship between the individual and the collectivity which prevails in a given society... for example, in nuclear families, extended families,

or tribes" (p.213). Individualism extends further than living arrangements to permeate all facets of society: educational, religious, political and utilitarian (Adler, 1959; Bakan, 1966; Naroll, 1983). Hofstede argues that issues of individualism-collectivism are tied to value systems of a society and may have strong moral overtones. It is not by chance that a major finding of Hofstede's study reveals that the United States is the highest-ranked country on the individualism dimension of the forty countries that were studied.

Triandis and his associates (1986) distinguish between individualism-collectivism on the cultural level and idiocentrism-allocentrism on the psychological level. Allocentrism refers to the extent that individuals will subordinate personal goals to some collective while idiocentrism refers to the extent that individuals elevate personal goals above goals of collectives (Triandis, Leung, Villareal, & Clack, 1985). Idiocentrism was correlated with an emphasis on achievement and perceived loneliness. According to Triandis et al. (1986), individualism has been found to comprise two stable etic (universal) aspects: (a) separation from in-groups; and (b) self-reliance with hedonism. In individualist cultures, there are more opportunities to affiliate with many more in-groups (family, co-workers, clubs, cults) than collectivist cultures, and much of an individual's behavior concerns goals that are consistent with those of various in-groups. Individuals can leave an in-group and form new in-groups as they wish (Triandis et al., 1988).

Geertz describes western society as idiographically individualistic. "The western conception of the person as a bounded, unique, more or less integrated motivational and cognitive universe, a dynamic center of awareness, emotion, judgement, and action organized into a distinctive whole and set contrastively both against other such wholes and against a social and natural background is, however incorrigible it may seem to us, a rather peculiar idea within the context of the world's cultures" (Geertz, 1979, p.229).

Sampson's (1988) description of individualism as a psychological construct conforms with Geertz's view of western societies. Individualism is defined as an indigenous psychology, or a "self-contained individualism". Self-contained individualism is largely exclusionary, characterized by clearly defined self-nonself boundaries and an emphasis on personal control. Waterman (1981), emphasizing a positive view of individualism, asserts that individualism is exemplified by self-actualization, self-esteem, internal locus of control and an individual's sense of personal identity.

Social Commitment

Individualism is generally contrasted with a form of social interaction that emphasizes "interconnectedness and interdependence of individuals in relationships and social groups" (Kelly & Shilo, 1991). Triandis et al. (1988) identified two stable etic factors unique to collectivism: (a) family integrity; and (b) interdependence with sociability.

In collectivist cultures, individuals interact with a limited number of in-groups, which are generally considered to be stable. Allocentrism is correlated with perceived social support and low levels of alienation and anomie (Triandis et al, 1985).

Hui and Triandis (1986) use the term "collectivism" to describe a cluster of a wide variety of beliefs, attitudes, and behaviors towards others exemplified by concern for others and the bonds connecting individuals. Hui and Triandis identify seven categories in which collectivist attributes may be organized: (a) consideration of implications of one's own decisions and/or actions for other people; (b) sharing of material resources; (c) sharing of non-material resources; (d) susceptibility to social influence; (e) self-presentation and facework (saving face); (f) sharing of outcomes; and (g) feeling of involvement in other's lives.

Sampson (1988) describes this particular interdependent orientation to self as "ensembled individualism" which is inclusionary in nature, with a more fluid sense of self and a more externally based locus of control. Bellah et al.'s (1985) description of "social commitment" largely conforms to the meanings of collectivism and ensembled individualism, as does Lykes (1985) description of social individuality. Social commitment, collectivism, social individuality, and ensembled individualism generally describe the same phenomena.

Spence (1985) clearly distinguishes between western individualism and traditionally collectivist cultures. In comparing Japan with the United States, Spence compares the western sense of self as a "sharp boundary that stops at one's skin" (p.1288) with the more permeable boundary of the Japanese. According to Spence, "these contrasting senses of self in the two societies are produced by and lead to differing emphases on rights versus obligations, on autonomy versus interdependence, on the pursuit of happiness versus personal sacrifice, and on the priority of the individual versus that of the group..." (p.1288).

Individualism-Collectivism and Counseling

One aspect of this issue, specifically the debate in counseling and psychology about the nature and role of individualism, has special relevance for this study. Theories of counseling and psychotherapy reflect the cultures and societies

in which they are developed. Counseling and psychotherapy have become an integral and influential part of American culture (Rieff, 1966). As the United States has been identified as a highly individualistic country (Hofstede, 1980), it is not surprising that counseling traditionally has emphasized the individual, and the individual's unique struggle for self-fulfillment, self-actualization, and self-understanding.

Individualism is identified clearly in the theoretical stance of psychotherapy and counseling theory. The client-centered phenomenology model of Rogers and other humanistic/ phenomenological models, which ascribe to the self-actualizing tendency in humans as the ideal, especially as a therapeutic goal, are reflective of individualism in American culture and character (Hogan, 1975). This particular "therapeutic attitude" (Bellah et al., 1984; Kelly, 1989) represents much of psychotherapy today. While alternative counseling approaches stressing social interconnectedness are practiced in counseling and have been influential throughout the twentieth century, the preponderance of therapeutic approaches represent individualism and tend to overshadow a social commitment approach (Kelly, 1989).

More recent research illustrates the consequences that a purely self-interested orientation may have on individuals, relationships, and ultimately society itself. Bellah et al. (1985), Seligman (1987), and Kelly (1989) examine the issue of individualism from the perspective of the potential negative effects. Bellah et al. (p.101) write, "in its pure form, the therapeutic attitude denies all forms of obligation and commitment in relationships, replacing them only with the ideal of full, open, honest communication among self-actualized individuals".

Seligman (1987), attempting to explain the reason for the proliferation of depression, especially among younger people, indicates his belief that a lack of commitment or social obligation to issues/things outside of self may be a contributory factor. Society, in its quest for self-fulfillment, may have become excessive in this solitary quest.

Kelly (1989) asserts that counselors may be fostering excessive individualism or "therapeutic individualism" (p.341) in themselves and their clients, with an overemphasis on the individual welfare of the client. According to Kelly, the danger of therapeutic individualism "is that social commitment is grounded in no obligations external to the individual.... Without an external grounding for social action, counselors are, in effect, left with supporting social commitments on the basis of how such commitments will benefit the individual" (p.341).

Research on Individualism and Social Commitment in Counseling

As a first step in a program of research to study the effects of individualism, collectivism, and social commitment in counseling, Kelly and Shilo (1991) conducted an empirical investigation into client-subjects' differential perceptions of counselor effectiveness when an individual emphasis and a social commitment emphasis were presented in counseling. Client-subjects presented a standardized problem to the counselor in a role-play analogue study. Counselors offered interventions based on either an individual or social commitment approach. Data were analyzed by measuring client-subjects' perceptions of counselor effectiveness. Results indicated that clients' perceptions of counselors, when exposed to both counseling approaches, are similar. This finding suggests that a social commitment emphasis in counseling may not negatively affect the client's perceptions of counselor effectiveness. These initial findings additionally suggest that a counselor may offer a social commitment emphasis in counseling with reasonable confidence that the counselor will be perceived as effective regarding the conditions necessary to effect a change in a client. Put another way, the findings suggest that from the client's perspective social commitment may be as acceptable as individualism as an appropriate "therapeutic attitude."

Individualism-Collectivism as Non-Dichotomous Variables

It is important to note that individualism-collectivism are not bipolar variables. Most western societies are characterized as individualistic (Hofstede, 1980), but it is an oversimplification to view individualism as an all-or-nothing description. Cultures may exhibit general characteristics that tend to demonstrate one characteristic more fully than the other, but there is much cultural variability to be accounted for. Furthermore, the characterization of counseling and psychotherapy as reflective of the dominant individual emphasis may be somewhat misleading. Counseling may be reflective of a traditional individualistic approach, but there is great individual variability in practice. The issue underlying this discussion is not the superiority of an explicit social commitment emphasis or the traditional emphasis, but how an apparent skewing of counseling toward individualism my affect counseling process and outcome. Individualism and social commitment in counseling are not dichotomous elements so much as they are complementary facets of the therapeutic endeavor.

CURRENT STUDY

The study being presented in this paper is a further step in investigating selected variables potentially associated with the relationship among individualism, social commitment, and counseling. Specifically, this study investigated how the

variables of personal orientation to individualism-collectivism, gender, and age may affect and interact with a client's preference for an individualistic or social commitment emphasis in counseling. For purposes of this study, "personal orientation to individualism-collectivism" refers to the degree of individualism-collectivism an individual exhibits, as measured on a scaled continuum.

In the previous study by Kelly and Shilo (1991), the relationship between clients' perceptions of counselor effectiveness and client preference for individualistic or social commitment approaches was implied. They assumed that if there were no differences in client perception of counselor effectiveness there would be no difference in client preference for two differing counseling approaches. The current study attempted to determine explicitly preference for an individual or social commitment approach in counseling, as well as the relationship of this preference with personal orientation to individualism-collectivism, gender, and age. Using again an analogue study, the primary purpose of the study, therefore, was to determine if there is a client-subject preference for individualistic counseling emphasis or a social commitment counseling emphasis in counseling. Further, the proposed study examined the relationship of three variables to client-subjects' preference when both individual and social commitment emphases are presented in counseling. These three variables are: (a) personal orientation to individualism- collectivism, (b) gender, and (c) age. For purposes of this study, client-subject preference for an individual or a social commitment approach in counseling was measured by the counselor-preference (approach-preference) scale similar to the scale designed by Glidden and Tracey (1989).

RESEARCH QUESTIONS

The following research questions were posed:

Primary Question

What is client-subject preference for an individual or a social commitment approach in counseling?

Corollary Questions

Is the client's personal orientation to individualism-collectivism a significant factor in client preference for an individual and a social commitment approach in counseling?

Is gender of the client a significant factor in client preference for an individual and a social commitment approach in counseling?

Is age of the client a significant factor in client preference for an individual and a social commitment approach in counseling?

What is the interaction among personal orientation to individualism-collectivism, gender, age, and client preference for individual and social commitment approaches in counseling?

RESEARCH HYPOTHESES

1. There is a statistically significant difference between participants' preference for an individual approach and a social commitment approach to counseling in favor of the individual approach.

As noted from the literature cited above, some evidence suggests that counseling is generally skewed toward individualistic rather than collective or social commitment orientation. Although Kelly and Shilo's (1991) finding of no difference in clients' perception of counselor effectiveness in individual and social commitment counseling emphases suggests no differential client preference, it cannot be considered conclusive in the face of the preponderance of previous speculation and evidence.

2. Personal orientation to individualism-collectivism is a statistically significant factor in determining participants' preference for an individual approach and a social commitment approach in counseling, with individualistically oriented individuals preferring an individual counseling approach and collectivistically oriented individuals preferring a social commitment approach.

Although there is no research evidence directly supporting or negating this hypothesis, it is reasonable to assume that a subject's particular orientation to individualism-collectivism will influence preference for counseling approach.

3. Gender is a statistically significant factor in determining participants' preference for an individual approach and a social commitment approach in counseling, with females favoring the social commitment approach and males favoring the individualistic approach.

Gilligan (1982) holds that men and women differ in their basic moral orientation to life. Women have a care or response orientation. A woman's perception of self is grounded in a connection and interdependence to others. This alternative orientation is similar to Spence's (1985) description of collectivist Japanese society. Therefore, we may expect that

females would prefer a social commitment (allocentric) emphasis. Support for Gilligan's position and feminist theory and research in psychology is ample (Lykes, 1985; Sampson, 1988).

Kohlberg's emphasis on a detached, objective rights orientation is reflective of American individualism. Kohlberg holds that stages of moral development are universal across cultures. Further, in a recent empirical study, Archer and Waterman (1988) assert that there are no gender differences in psychological individualism. In the present research, an individualistic (idiocentric) approach to counseling would demonstrate a universal Kohlberg position. Therefore, it is hypothesized that males would prefer the individual emphasis in counseling, while females would prefer the social commitment emphasis. There is ample research supporting both Gilligan and Kohlberg's position. As idiocentrism closely parallels Kohlberg's position and allocentrism closely conforms to Gilligan's position, the results of the proposed research would expect to support the hypothesis of differential gender preferences.

4. Age is not a statistically significant factor in determining participants' preference for an individual approach and a social commitment approach in counseling.

Research is not available to support directionality for age in this case.

METHODOLOGY

Population

The sample for this study was drawn from the current faculty and staff of a large suburban high school in the metropolitan Washington D.C. area. In compliance with the conditions imposed by the Office of Research in the county where the high school is located, the name of both the school and the county remain confidential. Faculty and staff participation in the study was strictly voluntary. The researcher and three colleagues asked each faculty and staff member individually to participate in the study. Each participant was informed that their participation was voluntary and confidential and that all data would be reported as an aggregate. One hundred and thirteen faculty and staff were eventually included as participants in the study. The subject sample included 69 females and 44 males. The age range of all subjects was 22 to 65 with a mean age of 42.5, a median of 43, and a standard deviation of 10.16. The ethnic makeup of the sample consisted of 91 whites (54 female, 37 male), 13 African-Americans (9 females, 4 male) 6 Hispanics (5 female, 1 male) 2 Asian-Americans (1 female, 1 male) and 1 Native American male. A more detailed description of subject selection is given below in

the description of procedures.

Instrumentation

Three different data-collecting instruments were used.

1. The first instrument was a demographic data sheet filled out by all participants. The demographic data sheet included socio-economic questions, information about previous counseling, and other appropriate questions relevant to the study.

2. The second instrument, which was selected to measure the participants personal orientation to individualism-collectivism, was the Individualism-Collectivism Scale (INDCOL), developed by Hui (1984), and further revised by Triandis et al. (1988), to measure American idiocentrism. Cronbach alpha reliabilities of 14 variables related to idiocentrism, including those which comprise the INDCOL, range from .62 to .92 (Triandis et al., 1988).

3. A counseling approach-preference measurement instrument (CAPMI) was developed by the researchers for purposes of this study. The instrument consists of five typical counseling situations or vignettes, two counseling approaches (an individual and social commitment approach), and a rating scale enabling participants to rate their preference for an individual or social commitment approach in counseling.

Development of Vignettes

A list of approximately 15-20 potential presenting problems in counseling was generated. The generated list of possible counseling problems were based on clients the researchers and two colleagues had encountered. The range of potential issues was narrowed down to family problems that would tend to have a universal appeal in today's society. Additionally, the issues are illustrative of "normal" life issues and transitions. The development of the related individual and social commitment counseling approaches clearly indicate two separate but equally plausible and realistic approaches counseling approaches. The two approaches operationalize the constructs of individualism and social commitment.

Description of Vignettes and Rating Scale

Five vignettes, each with two approaches (individualistic and social commitment) were finalized. The presenting problem in Vignette A is a married father of two who is deeply unsatisfied and unfulfilled in his marriage. Vignette B presents a conflict between a woman's independence and autonomy and her aging father's and aunt's increasing dependence on her. Vignette C

presents a young woman's struggle to come to terms with a parent who was emotionally abusive toward her in childhood. Vignette D illustrates a married mother's role confusion and conflict about re-entering the job market. The final vignette (E) depicts a married father who is confronted with the reality of being the primary caretaker for his widowed mother.

Each vignette is followed by two different counseling approaches (individualistically oriented and socially committed oriented), and subjects are instructed to select the counseling emphasis or approach which they prefer for each vignette scenario, according to the scale developed for this research. The scale is a six-point scale for which 1 = "Strongly prefer Approach A1" and 6 = "Strongly prefer Approach A2". The order of individual and social commitment counseling approaches (labeled A1 and A2, B1 and B2, etc.) was random. A single total score for the CAPMI was obtained by summing the subject's response for each of the five vignettes. In scoring the CAPMI, scales for all five vignettes were recoded so that a high total score represents a preference for a social commitment approach and a low total score represents a preference for an individual approach.

Preassessments of CAPMI

A panel of four experts, including two counselor educators and two counselor practitioners were asked to evaluate the CAPMI according to specific criteria: clarity of vignettes and approaches, plausibility of vignettes and approaches, the ability to distinguish and correctly identify the two approaches and the level of difficulty to distinguish the approaches. All four judges correctly identified the individual and social commitment counseling approaches of all four vignettes. Furthermore, on five-point scales on criteria of clarity, plausitibility, distinguishability, and level of difficulty, the mean ratings of the four judges for all five vignettes on all criteria was between one and two. These scores indicate that the judges gave favorable ratings to all five vignettes on all criteria.

When the five vignettes and associated individualistic and social commitment approaches were finalized, the CAPMI was tested for test-retest and internal reliability. The CAPMI was administered at two-week interval to 26 college senior majoring in human services. A total CAPMI score, based on the sum of the five vignette scores, was calculated for each subject for each administration. The alpha reliability coefficient was .47 for the first administration and .71 for the second administration. The test-retest Pearson correlation was .83.

Research Procedures

A team consisting of the junior researcher and three counselors employed in the study-school solicited participation from all faculty and staff on an individual basis. The team took approximately 21 to 22 days to contact all potential participants. Approximately 150 individuals were invited to participate but five indicated that they were not able to participate for a variety of reasons. Packets with instructions and the three instruments were given to the 145 faculty and staff who agreed to participate. Over a two-week period in Spring 1991, 114 participants completed the instruments and returned all materials to the mailbox or the office of the junior researcher; the results of one participant's packet were not usable. The packets were arranged in the following order: half of the packets had the demographic data sheet first, and the INDCOL and the vignettes second and third, while the other half had the demographic data sheet first and the vignettes and the INDCOL second and third. Additionally, as noted above, the two counseling approaches for each vignette were ordered randomly. The order of the vignettes was determined randomly as well.

RESULTS

A Kolmogorov-Smironov goodness of fit test for one sample was run to test the primary hypothesis regarding preference for an individualistic or socially oriented approach to counseling (CAPMI scores). The test yielded a Z score of 2.06 with a probability level less than .001 (see Table 1). An examination of scores on this test indicated an overall mean score of 18.80 and a standard deviation of 4.11, indicating that the scores were skewed modestly but significantly to the high social commitment end of the scale.

Three stepwise regression analyses--for the total sample, for females, and for males--were used to test the three corollary hypotheses, with the CAPMI scores serving as the dependent variable and the INDCOL scores (measuring orientation to individualism-collectivism), and age serving as the independent variables (see Table 2). Prior to running the regression analyses, a cumulative probability plot was obtained of CAPMI score residuals, indicating that assumptions of normal distribution and linearity were justified. The regression analyses (see Tables 3-5) indicated a modest (adjusted R square = .036) but significant ($p < .025$) relationship of INDCOL scores (orientation) to CAPMI scores (preference) for the total sample and for women ($p < .02$), but not for men. Neither gender nor age contributed significantly to any of the regression equations for predicting preference.

To examine more closely the relationship of individualistic-collectivistic orientation (INDCOL) to preference of individualistic and socially committed approaches (CAPMI),

subjects were divided into three groups on the basis of INDCOL scores in preparation for running a two-way analysis of variance. The low INDCOL group (representing high individualism scores) consisted of 17 subjects scoring one standard deviation above the mean of the total sample, 76 subjects scoring from one standard deviation below to one standard deviation above the mean, and 20 subjects scoring one standard deviation above the mean (representing high collectivism scores). Tables 7-8 present the mean scores for these three INDCOL levels by gender and age. Subjects were also divided into three age groups. A two-way ANOVA was used with CAPMI as the dependent variable and INDCOL (three levels) and gender as the factor levels. There were no significant differences for either effect (INDCOL and gender) and no significant interaction effect (see Table 6). However, as seen in Table 7, scores for female subjects (N=69) followed the same trend as CAPMI scores, a result suggested in the regression analyses and, to some extent, suggested by the .085 significance level obtained in the ANOVA for INDCOL level effects. No such relationship between INDCOL and CAPMI was found for male subjects (N=44).

DISCUSSION

Results indicate that, contrary to the predicted direction of the primary hypothesis, this subject group of potential clients slightly but significantly preferred a socially committed approach to counseling. This result, in conjunction with Kelly and Shilo's (1991) previous finding that client-subjects did not differentially rate the effectiveness of counselors offering individualistically and socially committed approaches to counseling, reinforces the suggestion that a socially committed approach to counseling is as acceptable as an individualistic approach. To the extent that these approaches or emphases indicate a "therapeutic attitude," it is reasonable to conclude tentatively that clients may regard a counselor attitude oriented toward social commitment, on the average, as acceptable as a therapeutic attitude oriented toward individualism. If previous evidence indicating that counseling and psychotherapy lean, in practice and theory, toward individualism is correct, this orientation may be somewhat at odds with the more socially committed orientation or expectation of clients.

Specifically in this study, in which the social commitment orientation was operationalized in terms of family commitments, the results suggest that many potential clients, perhaps the majority, are prepared to explore solutions in terms of committed actions toward relationships, even when this means some significant individual concessions. In practice, this means that counselors, especially if individualistically oriented themselves, need a sensitivity toward clients' relational values and the implications that these values have for clients'

willingness to conceptualize and implement personal solutions that incorporate considerable accommodation, even sacrifice, to the needs of others.

The finding that personal orientation to individualism-collectivism (INDCOL) for women is significantly, albeit modestly, related to preference for an individualistically or socially committed approach to counseling is a partial confirmation of the researchers' hypothesis in this regard. The intuitive expectation was that the relationship would be even stronger and that it would exist for men as well as women. The results suggest that counselors, to the extent that they hold the individualistic values that appear to predominate generally in counseling theory and practice, may need to take special care to "bracket" or moderate these values for clients, especially women, who, in the course of counseling, show themselves to be collectivistically oriented. On the other hand, the reverse is applicable for the presumed minority of counselors who are socially committed oriented.

The apparently modest relationship between orientation and preference also suggests that counselors, regardless of their predominant orientation, have considerable leeway in working with clients around the issues of individualism and social commitment. Indeed, the powerful influence of so many other factors in the counseling relationship may mean that in practice the counselor may, during the counseling process, imperceptibly shift, for better or worse, the individualistic or collectivistic orientation of the client. The serious ethical and therapeutic questions are whether the counselor, guided by her or his own basic orientation to individualism or collectivism, influences the client in a direction that has not been sufficiently clarified by the counselor and client. Given the importance that values have been shown to have in counseling practice and theory (Beutler, Crago, & Arizmendi, 1986), as well as the important social and personal ramifications of individualistic-collectivistic values in particular (Bellah et al., 1984; Seligman, 1987), the findings of this study suggest that counselor would do well to examine their own individualistic-collectivistic orientation and how this plays out in practice with clients.

Results of this study indicated no significant difference between men and women with regards to personal orientation (INDCOL) or preference (CAPMI). Thus the hypothesis that females, in comparison to males, would have high a collectivistic orientation and high socially committed preference for counseling was not confirmed. Likewise, neither was the reverse hypothesis for males confirmed. This may reflect the situation generally among men and women. On the other hand, the education level of this sample was higher than the general population, a factor that

may influence the results. This issue needs further research.

The regression analysis indicated no relationship between age and preference (CAPMI). Although Pearson correlations among INDCOL, CAPMI, and age did indicate a modest but significant relationship between INDCOL and age, the meaning of this relationship is not clear.

Caution is needed in the interpretation and application of the results of this study. In addition to the analogue nature of the study, the sample population, although relatively large and generally well distributed on the variables under study, nevertheless is neither random nor representative of the general client population. Thus findings here must be considered suggestive. On the other hand, given the size and distribution of the sample, it is not unreasonable to have confidence that the study results are valid and valuable indicators of relevant factors affecting counseling practice and point in a legitimate direction for further research.

Future research needs to include further empirical investigation into the contention that counseling and psychotherapy are predominantly oriented toward individualism. The orientation (INDCOL) and counseling preference (CAPMI) of more representative client populations need to be looked at. Additionally, the relationship between counselor orientation (INDCOL), client orientation, and counseling outcome, especially in actual practice, needs to be explored. Answers to questions in these areas have potentially important effects not only for counseling theory and practice but also for the impact that counseling has on broader social issues and the related philosophical/political issues of individualism and social commitment.

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Tables

Table 1. Kolmogorov - Smironov Goodness of Fit Test
Dependent Variable: CAPMI
Test distribution - Normal

Mean: 17.5000
Standard Deviation: 4.1700
Cases: 113

Most extreme differences

Absolute	Positive	Negative	K-S Z	2-Tailed P
.19374	.00643	-.19374	2.059	.000

Table 2. Means, Medians, and Standard Deviations of CAPMI Scores, INDCOL Scores, and Age (N = 113)

	Mean	Median	Standard Deviation
CAPMI	18.796	19.000	4.110
INDCOL	126.867	128.000	14.922
Age	42.405	43.000	10.160

Table 3. Stepwise Multiple Regression Analysis for Total Sample (N=113)
Dependent Variable: CAPMI. Independent Variables: INDCOL and Age

Variable Entered on Step Number 1: INDCOL

Multiple R	.21121	Analysis of Variance			
R Square	.04461		DF	Sum of Squares	Mean Square
Adjusted R Square	.03600	Regression	1	84.41582	84.41582
Standard Error	4.03577	Residual	111	1807.90276	16.28741

F = 5.18289 Signif F = .0247

---------- Variables in the Equation ----------

Variable	B	SE B	Beta	T	Sig T
INDCOL	.058180	.025556	.211210	2.277	.0247
(Constant)	11.415347	3.264324		3.497	.0007

---------- Variables not in the Equation ----------

Variable	Beta In	Partial	Min Toler	T	Sig T
AGE	.079564	.079951	.964719	.841	.4020

Table 4. Stepwise Multiple Regression Analysis for Females (N=69)
Dependent Variable: CAPMI. Independent Variables: INDCOL and Age

Variable Entered on Step Number 1. INDCOL

Multiple R	.28213	Analysis of Variance		
R Square	.07960		DF	Sum of Squares
Adjusted R Square	.06586	Regression	1	64.94833
Standard Error	3.34796	Residual	67	750.99369

F = 5.79437 Signif F = .0188

Variables in the Equation

Variable	B	SE B	Beta	T	Sig T
INDCOL	1.680958	.698319	.282133	2.407	.0188
(Constant)	15.300126	1.443910		10.596	.0000

Table 5. Stepwise Multiple Regression Analysis for Males (N=44)
Dependent Variable: CAPMI. Independent Variables: INDCOL and Age

Equation Number 1. Dependent Variable: VIGNETTE
2. Method: Enter

Variable(s) Entered on Step Number 1.. AGE
2.. INDCOL

Multiple R	.24966	Analysis of Variance		
R Square	.06233		DF	Sum of Squares
Adjusted R Square	.01659	Regression	2	66.81060
Standard Error	4.95122	Residual	41	1005.09849

F = 1.36267 Signif F = .2673

---------- Variables in the Equation ----------

Variable	B	SE B	Beta	T	Sig T
AGE	1.487276	.995099	.226203	1.495	.1427
INDCOL	1.019321	1.341847	.114969	.760	.4518
(Constant)	14.040999	3.542748		3.963	.0003

Table 6. ANOVA: CAPMI by INDCOL, Gender, and Age
CAPMI by INDCOL and GENDER

Source of Variation	Sum of Squares	DF	Mean Square	F	Sig of F
Main Effects	88.166	3	29.389	1.771	.157
INDCOL	83.699	2	41.849	2.522	.085
GENDER	2.000	1	2.000	.120	.729
2-Way Interactions	28.517	2	14.258	.859	.426
INDCOL GENDER	28.517	2	14.258	.859	.426
Explained	116.683	5	23.337	1.406	.228
Residual	1775.636	107	16.595		
Total	1892.319	112	16.896		

Table 7. Means of CAPMI: INDCOL by Gender

	GENDER	
	FEMALE	MALE
INDCOL		
LOW (M=102.7)	17.00 (N=12)	19.80 (N=5)
MEDIUM (M=127.0)	18.65 (N=46)	18.37 (N=30)
HIGH (M=146.8)	20.36 (N=11)	20.89 (N=9)

Table 8. Means aof CAPMI: INDCOL by Age*

	AGE		
	1	2	3
INDCOL			
1	17.29 (N = 14)	17.50 (N = 14)	19.33 (N = 9)
2	18.11 (N = 9)	18.06 (N = 17)	18.67 (N = 12)
3	20.77 (N = 13)	18.80 (N = 10)	20.73 (N = 15)

*Note: Number codes for INDCOL and Age are as follows:
INDCOL (1 = High Individual, 2 = Middle, 3 = High Collective)
Age (1 = 0 - 37, 2 = 38 - 47, 3 = 48 - 65)